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UNITED STATES BANKRUPTCY COURT FOR THE SOUTH	IERN DISTRICT OF NEW YORK	PROOF OF CLAIM
Name of Debtor (Check Only One) Motors Liquidation Company (f/k/a General Motors Corporation) MLCS, LLC (f/k/a Saturn, LLC) MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) MLC of Harlem, Inc (f/k/a Chevrolet-Saturn of Harlem, Inc)	Case No 09-50026 (REG) 09-50027 (REG)	Your Claim is Scheduled As Follows
NOTE. This form should not be used to make a claim for an administrative expense arising a for purposes of asserting a claim under 11 USC § \$03(b)(9) (see item # 5). All other reques filed pursuant to 11 USC § \$03	after the commencement of the case but may be used sts for payment of an administrative expense should be	GEN CITY GAO
Name of Creditor (the person or other entity to whom the debtor owes money or property) DAVID VOLPE		MOV 2 8 2009 N
Name and address where notices should be sent DAVID VOLPE 240 BERRY GLEN CT Alpharetta GA 30022	Check this box to indicate that this claim amends a previously filed claim	NOV 2 8 2003 . CS
	Court Claim Number	
Telephone number PIO 99B-775B Email Address DVOLAE @NETZERO, NET	Filed on	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you
Name and address where payment should be sent (if different from above) FILED - 62390 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG)	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form LXCPPLAS FOLLOWS. If the amount shown is listed as DISPUTI D, UNLIQUIDATED or CONTINGINI, a proof of claim MUS1 be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in
Telephone number	Check this box if you are the debtor or trustee in this case	accordance with the attached instructions you need not file again
If all or part of your claim is secured, complete item 4 below, however, if all of your claim is your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursue. Check this box if claim includes interest or other charges in addition to the patternized statement of interest or charges. Basis for Claim: VALUE OF DIMINISHED + CANCELLED (See instruction #2 on reverse side.) — A5 A SALARIED RETO. Last four digits of any number by which creditor identifies debtor 3a Debtor may have scheduled account as (See instruction #3a on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a reinformation. Nature of property or right of setoff. Real Estate. Motor Vehic Describe: Value of Property. Annual Interest Rate. Amount of arrearage and other charges as of time case filed included in sea Basis for perfection. Amount of Secured Claim. Amount of Secured Claim. The amount of all payments on this claim has been credited for the power of the powe	ant to 11 USC § 503(h)(9), complete item 5 cornecipal amount of claim. Attach HEALTH CARE BENEFITS Rec. D 70 4 Inght of setoff and provide the requested cle	5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a) If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankrupley petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) Up to \$2.425* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 507(a)(2)) Other - Specify applicable paragraph of 11 U.S.C. § 507(a)() Amount entitled to priority \$ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
Date 11/21/09 other person authorized to file this claim and state address a address above Attach copy of power of attorney if any DAVID R. VOLPE David R. VI	and telephone number if different from the notice	
Unite toute Dange Kill	11 -120	<u></u>

UNITED STATES BANK Name of Debtor (Check Or	the state of the s	URT FOR TH	IE SOU
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UNITED STATES BANKRUPTCY COURT FOR THE SOUTH	HERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): Motors Liquidation Company (f/k/a General Motors Corporation) MLCS, LLC (f/k/a Saturn, LLC) MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)	Case No. 09-50026 (REG) 09-50027 (REG) on) 09-50028 (REG) 09-13558 (REG)	Your	Claim is Scheduled As Follows:
NOTE: This form should not be used to make a claim for an administrative expense arising a for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other reques filed pursuant to 11 U.S.C. § 503.	after the commencement of the case, but may be used		
Name of Creditor (the person or other entity to whom the debtor owes money or property): DAVID VOLPE			
Name and address where notices should be sent: DAVID VOLPE	Check this box to indicate that this claim amends a previously filed claim.		
240 BERRY GLEN CT. Alpharetta GA 30022	Court Claim Number:((f known)		
Telephone number: The Paris Address: DYOL AE ONETZERO, WET	Filed on:	scheduled	int is identified above, you have a claim by one of the Debtors as shown. (This amount of your claim may be at
Email Address: DVOLPE CONETZERO, NET Name and address where payment should be sent (if different from above):	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check this box if you are the debtor	amendment agree with scheduled to against the claim form shown is lin CONTING order to re- claim. If y	to a previously scheduled amount.) If you the amount and priority of your claim as by the Debtor and you have no other claim. Debtor, you do not need to file this proof of .EXCEPT AS FOLLOWS: If the amount sted as DISPUTED, UNLIQUIDATED, or ENT, a proof of claim MUST be filed in ceive any distribution in respect of your our have already filed a proof of claim in the attached instructions, you need not with the attached instructions, you need not
Telephone number:	or trustee in this case.	file again.	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant characteristic c	ant to 11 U.S.C. § 503(b)(9), complete item 5. principal amount of claim. Attach	If and in o check armost specify the specific than the specific the specific than th	ority under 11 U.S.C. § 507(a). ny portion of your claim falls ne of the following categories, ck the box and state the ount. ne priority of the claim.
(See instruction #2 on reverse side.)			nestic support obligations under J.S.C. § 507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)	-	to \$	ges, salaries, or commissions (up 10,950*) earned within 180 days ore filing of the bankruptcy
 Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a ri information. 	ight of setoff and provide the requested	busi U.S.	tion or cessation of the debtor's ness, whichever is earlier – 11 C. § 507(a)(4).
Nature of property or right of setoff: Real Estate Motor Vehic Describe:	cle 🗅 Equipment 🔾 Other	plan	tributions to an employee benefit - 11 U.S.C. § 507(a)(5). to \$2,425* of deposits toward
Value of Property: \$ Annual Interest Rate% Amount of arrearage and other charges as of time case filed included in se	ecured claim, if any: \$	or se	chase, lease, or rental of property ervices for personal, family, or schold use - 11 U.S.C.
Basis for perfection:	_		7(a)(7). es or penalties owed to
Amount of Secured Claim: \$ Amount Unsecured: \$		gove	ernmental units – 11 U.S.C. 7(a)(8).
6. Credits: The amount of all payments on this claim has been credited for the property. The amount of all payments on this claim has been credited for the property. The claim, sorders, invoices, itemized statements or running accounts, contracts, judgments, may also attach a summary. Attach redacted copies of documents providing a security interest. You may also attach a summary. (See instruction 7 and definited.)	such as promissory notes, purchase nortgages, and security agreements. evidence of perfection of	Valu Debt date 11 U Othe of 11	to of goods received by the tor within 20 days before the of commencement of the case - 1.S.C. § 503(b)(9) (§ 507(a)(2)) er - Specify applicable paragraph to U.S.C. § 507(a)(). mount entitled to priority:
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY SCANNING. ATTACH	r be destroyed after MENTS — 2 PAGES		\$ are subject to adjustment on devery 3 years thereafter with
If the documents are not available, please explain in an attachment.		respect to	a every 3 years thereafter with cases commenced on or after f adjustment.
Date: Signature: The person filing this claim must sign it. Sign other person authorized to file this claim and state address a			FOR COURT USE ONLY

7//21/04 address above. Attach copy of power of attorney, if any.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. Modified B10 (GCG) (12/08)

9392080833

DAVIS R. VOLPE 240 BERRY GLEN CT. ALPHARETTA, GA 30022 11/21/2009 GM BANKRUPTCY CLAIM ATTACHMENT DIMINISHED & CANCELLED HEALTH CARE BENEFITS AS ANNOUNCED 2009 COST TO GM - ALL HEALTH CARE BENEFITS = \$500/YR/PERSON BY G.M. = 4140/42/Person 2010 REDUCED COST TO GM - 11 11 11 LOSS OF BENEFIT = "1360/YR/PERSON DAVID VOLPE, AGE 58 1-1-2010, D.O.B. 1-27-1951 # YRS REMAINING UNTIL AGE 65 = 6.08 YRS. BENEFIT LOSS = 6.08 YRS X 1360/YR = #8,269 (6425, 1 MO.) MARY YEAR VOLPE, SPOUSE, AGE 57 1-1-2010, DIO.B. 5-8-1952 # YRS. REMAINING UNTIL AGE 65= 7.42 YRS. # 10,091 BENEFIT LOSS = 7.42 yps x 1360/ YL = (TYRS, 5 MOS.) POST-AGE 65 BENEFIT LOSS DAVID VOLPE, BEBINNING FEB 2016 (22.77-6.08) YAS X (3500-3600*) = *31,711 ** - "3600 REPRESENTS \$ 300/MO. LEVEL BENEAT ADDED TO MUSION >65
BY GM MARY TEAN VOLPE, BEGINNING JUN 2017 (26.94-7.42) yrs. x (5500) = #107,360 X-AVG LIFE EXPECTANCY -SSA ACTUARIAL TABLE FROM WWW. SSA. GOV/OACT/STATS/

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DAVIS R. VOLPE		
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ALPHARETTA, GA 30022		
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